

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Shui-on Leung

Title: Multivalent Target Binding Protein

Appl. No.: Unassigned

Filing Date: July 25, 2001

Examiner: Unassigned

Art Unit: Unassigned

UTILITY PATENT APPLICATION TRANSMITTAL

Commissioner for Patents Box PATENT APPLICATION Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Shui-on LEUNG

2 Biotechnology Avenue, 12 Miles

Tai Po Road Shatin, N.T. HONG KONG

[X] Applicant claims small entity status under 37 CFR 1.27

Enclosed are:

- [X] Specification, Claim(s), and Abstract (47 pages).
- [X] Informal drawings (2 sheets, Figures 1-2).
- [X] Unexecuted Declaration and Power of Attorney (3 pages).
- [] Assignment of the invention to Immunomedics, Inc..
- [] Assignment Recordation Cover Sheet.
- [] Small Entity statement.



- [] Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- Information Disclosure Statement.
- [] Form PTO-1449 with copies of listed reference(s).
- [] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims		Included in		Extra				Fee
	as Filed		Basic Fee		Claims		Rate		Totals
Basic Fee							\$710.00		\$710.00
Total Claims:	41	-	20	=	21	×	\$18.00	=	\$378.00
Independents:	1	-	3	=	0	×	\$80.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$270.00								=	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed + \$130.00 Declaration						\$130.00	-	\$130.00	
							SUBTOTAL:	=	\$1218.00
[X]	Smal	En1	tity Fees A	pply	(subtrac	t 1/2	of above):	=	\$609.00
					TOT	AL I	FILING FEE:	=	\$609.00

- [X] A check in the amount of \$609.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, postdated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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